No. 2
-1-4-41
5-17-39
I X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1941

Registration District No. 668

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. ~~3-0-3-2~~ 5889

State File No. 25821

Registrar's No. 237

Wheeler

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Rural Sedalia Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sedalia R F D # 4.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. Sedalia R F D # 4.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John William Bruce

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah C. Bruce

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Jan. 27 1854
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
87	5	27	hr. min.

9. Birthplace Pilot Grove (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name James Bruce
13. Birthplace Unkown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Martha Ellis
15. Birthplace Unkown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Oden Bruce
(b) Address Sedalia, Mo. R F D # 4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-41 (Month) (Day) (Year)
(c) Place: burial or cremation Salt Fork

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Mo.

19. (a) 7/25/41 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

906

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1941 hour 6 minute P M.

21. I hereby certify that I attended the deceased from May 20 1941 to July 23 1941;
that I last saw h Some time in june 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Septic infection from bedsores resulting from fracture of hip joint.	
Due to Senility was also a contributing factor in cause of death	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 080
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature W. M. Wheeler (M. D. or other) 0
Address Sedalia Mo Date signed 7-25-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 8-6-41
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Sidalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
1 X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25821

Registration District No. 668 Primary Registration District No. 5889 Registrar's No. 237

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John W Bruce

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Septic infection from bedsores resulting from fracture of hip

Due to joint sepility was also a contributing factor in cause of death

Due to

Other conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations his r/w hip and other same time was able to walk with crutches. Last Feb 1941 he fell again & broke his left hip and was bed last from that time until death

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence Feb-1941
(c) Where did injury occur? Sedalia (Rural) Pettis Mo
(City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)
While at work? No (e) Means of injury Fall

23. Signature W. M. Wheeler (M. D. or other)
Address Sedalia Mo Date signed 7-27-41

9-19-1941

Sedalia, Mo